

Format for the Country Programme Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information			
Country name: Bosnia and Herzegovina			
Category per decision 2013/31: Pink	Current programme period: 2015-2020	Cycle of assistance: 2	
B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1: Increased national capacity at state and entity level to deliver integrated sexual and reproductive health services, with focus on Roma and vulnerable populations			
Indicators	Baseline	Target	End-line data
• Number of guidelines, protocol and standards for healthcare workers developed for delivery of quality SRH services	<i>0</i>	<i>4</i>	<i>4</i>
• Percentage of service delivery points at primary healthcare level providing at least three integrated reproductive health services	<i>0%</i>	<i>25%</i>	<i>25%*</i>
• Mechanism for Maternal Death Surveillance and Response System established at State and entities' levels	<i>No</i>	<i>Yes</i>	<i>Yes**</i>
• Elements of Minimum Initial Service Package for RH in crisis situations integrated into state emergency preparedness plans	<i>No</i>	<i>Yes</i>	<i>Yes</i>

Key Achievements: UNFPA programme has been largely adapted to the needs of women and migrants, and in line with international policy frameworks, UNFPA strategic plans, and UNDAF. The programme generally refers to existing policies for SRHR in BiH as a result of consultation with health authorities. UNFPA successfully responded in two situations of aggravated humanitarian crisis – during the 2014 floods and the 2018 migrant crisis, by delivering activities related to health and GBV on affected population. UNFPA has partly met the targets set for interventions related to family planning repositioning and adoption of clinical guidelines. Although a number of pertinent activities have been delivered, the outputs related to maternal morbidity and mortality surveillance and integration of MISP into national preparedness plans have not yet been achieved, as the country still has no nationwide emergency preparedness plans. Instead, UNFPA joined other UN agencies to develop local preparedness plans in ten most-at-risk communities, which will also integrate MISP. UNFPA has contributed to creating key underlying assumptions for increased utilization of integrated SRH services, although not focusing on those furthest behind. A considerable number of activities have been implemented, with generally limited funds, and by two implementing partners delivering technical and logistical activities, to the satisfaction of beneficiaries. Good prospects of short and long-term sustainability have been ensured through policy/strategy development, training, development of guidelines, and ownership by health authorities to some extent.

**Bosnia and Herzegovina is an upper middle-income country with reasonably developed health-care system. At primary healthcare level, at least three integrated SRH services are being provided. Preliminary results of “Mapping of integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services in Primary Health Care BiH (PHC)”. The survey includes different departments of PHC through which SRH services are provided (gynaecology, family medicine, emergency, mental health).*

*** In line with the agreement with stakeholders in the country, WHO methodology “Beyond the Numbers” has been adapted and revised to focus on “near-miss” cases under the Obstetrics Surveillance and Response System (OSRS), whose implementation is under way in 2020*

Output 2: Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings

Indicators	Baseline	Target	End-line data
• Number of policies or programmes at state and entities level that address or include marginalized adolescents and youth needs	0	2	1
• Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards	0%	13%	5.61%*
• Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage	0	2	2

Key Achievements: UNFPA programme has been largely adapted to the needs of youth, including Roma youth, and in line with international policy frameworks, UNFPA strategic plans, and UNDAF. The programme does not make specific reference to existing youth policies in BiH, but youth needs are identified. UNFPA successfully responded to the 2018 migrant crisis by delivering activities targeting youth, an informal education programme “Boys on the Move” for vulnerable migrants and refugees, as well as providing support to vulnerable groups through Women and Girls Centres. While in the previous CPD, UNFPA worked on developing a system for tracking emigrations in order to use such statistics for policy development, currently youth emigration has not been reflected in the CPD 2015-2019 (2020) UNFPA programme. UNFPA has partly achieved the outputs related to youth policy drafting and adoption and introducing comprehensive sexuality education in schools; it has partly met the targets related to addressing child marriage, while peer education programmes were stopped due to lack of sustainability prospects. Interventions related to sexuality education and youth policies could gradually lead to increased access of young people to sexuality education, while the access to services yet remains to be assessed.. Internationally recognized methodologies and innovative approaches have been utilized in youth education. Adopted policies show good prospects of sustainability in the short and long-term, but funding and monitoring of implementation needs to be ensured. Training of teachers in CSE is likely to ensure sustainability of results, as well as sexuality education tools, such as specifically designated website and smartphone application, if their maintenance is taken over by domestic partners. Improved emergency preparedness has not been addressed under this component. Although under GE component, UNFPA has explored the role of youth in crises, by developing a training module on the role of youth in protection from GBV in crises. This was coupled with catalytic youth engagement utilizing arts and culture to sustain public dialogue over controversial yet important social issues. However, UNFPA has limited and unpredictable resources for this component, which affects the coverage and impact of activities.

**Initiative was implemented in primary schools*

Output 3: Increased capacity of state and entities’ institutions and civil society to prevent gender-based violence and enable the delivery of multisectoral services, including for conflict-related sexual violence

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Tracking and reporting mechanism to follow up on the implementation of reproductive rights recommendations and obligations established at the state and entities' level 	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<ul style="list-style-type: none"> Gender-based violence prevention, protection and response integrated into national SRH health programmes 	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<ul style="list-style-type: none"> Number of civil society initiatives involving men and boys in addressing Gender based violence 	<i>1</i>	<i>3</i>	<i>3</i>

Key Achievements: UNFPA programme has been largely adapted to the needs of women, particularly victims of violence, but also to the needs of men and boys as part of gender transformative actions, and is in line with international policy frameworks, UNFPA strategic plans, and UNDAF. Domestic gender equality policies are not quoted in CPDs, but are consulted in the delivery of the programme. UNFPA successfully responded in two situations of aggravated humanitarian crisis - during 2014 floods and 2018 migrant crisis - by delivering activities related to GBV. UNFPA adapted its programme to diverging political views of Conflict-related Sexual Violence in two entities. UNFPA has met the target of integrating GBV prevention, protection and response into national sexual and reproductive health programmes. It has fully met the target of three civil society initiatives involving men and boys in addressing GBV. The target of establishing a tracking and reporting mechanism on reproductive rights recommendations is in the process of being finalized before the end of 2020. One of the unintended outputs in relation to the CPD was the CRSV stigma alleviation initiative that achieved groundbreaking partnerships with faith-based organizations and religious communities in BiH. GBV prevention, protection and response outputs have contributed to gender mainstreaming in the health sector, while other activities have been aiming at changing attitudes toward gender equality. Under this component, treatment of GBV victims in crises has been addressed through development of knowledge and operational products by line ministries, which have taken full ownership over the results achieved. UNFPA has directly responded to an emergency during the 2018 migrant crisis through GBV interventions. Internationally recognized methodologies have been used in GBV response, and innovative approaches to stigma alleviation and gender transformative actions. Endorsement of the knowledge tools for health sector's response to GBV/CRSV by health authorities indicates good prospects of short and long-term sustainability, as well as the training of health care providers. Formal partnerships have not been signed, but GBV response is mandated under domestic legislation and policies for combating GBV and protecting victims of GBV/CRSV. UNFPA supported the Ombudsman Institution of Bosnia and Herzegovina on establishing SRHR monitoring and reporting mechanism utilizing UNFPA methodology on conducting SRHR National Inquiry, which is currently underway.

Output 4: Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing and migration) and their links to sustainable development.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Population situation analysis conducted to identify priorities and formulate policies and programmes 	0	1	1
<ul style="list-style-type: none"> Number of policies developed at state and entities' level using secondary analysis of census data 	0	3	3

Key Achievements: UNFPA programme has been adapted to the needs of older persons and migrants, and in line with international policy frameworks, UNFPA strategic plans, and UNDAF. The CPDs make reference to domestic development strategies, but delivery is generally informed by consultation with stakeholders. UNFPA successfully responded to the 2014 floods by delivering activities targeting older persons. UNFPA has met the targets related to strategies for care of older persons, and partly met the targets related to population policy making. It is unknown to what extent the target related to number of government and civil society professionals trained in collecting, processing and interpreting migration data has been met. The unintended, but delivered outputs are related to establishment of Healthy Ageing Centres. Development of migration statistics, strategies for older persons, SRH and youth strategies has contributed to development of evidence-based national population policies. Improved emergency preparedness has not been addressed under this component. However, UNFPA's emergency response during 2014 floods included establishment of two Healthy Ageing Centres in flooded areas. This component is underfinanced in relation to needs for data collection and its use in evidence based policy making, and in relation to SRHR and GE components. Development of policies for older persons, youth and SRH shows good prospects of sustainability, if policies are adopted, budgets are allocated, and both are continuously monitored. Methodologies for population situation analysis and population projections can be transferred to domestic institutions for regular use. Local ownership of Healthy Ageing Centres could guarantee their sustainability.

C. National Progress on Strategic Plan Outcomes¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list					No data
Contraceptive prevalence rate (total)	45.8%	2011			Data available for women. No end value data
Proportion of demand for contraception satisfied (total)	84%	2011			Data available for women. No end value data
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months					No data
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	99.9%	2011			No end value data
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence					No data

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	64.4% female 61% male	2011			No end value data
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?					Health sector expenditures are covered by 13 sub-national authorities. No data

Summary of National Progress:

UNFPA's Contributions: *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)					No data
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2015	Yes	2020	

Summary of National Progress:

UNFPA's Contributions:

Start value	Year	End value	Year	Comments
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Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2015	No	2020	Even though gender equality plan makes specific references to RH, no strategy in the country contains allocated budget allocations
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Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	0%	2015	35%	2020	In 2010 there were a total of 10 recommendations (some of which were repeated), the recommendations from 2019 did not remain exactly the same. The estimated progress is 35%
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	5%	2011			No end value data.
<u>Summary of National Progress:</u>					
<u>UNFPA’s Contributions:</u>					
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2015	Yes	2020	
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	No	2015	No	2020	
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2015	No	2020	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0%	2015	0%	2020	

Summary of National Progress: Bosnia and Herzegovina does not have any development strategies at state level. Instead all of 13 sub-national levels (2 entities, 1 district and 10 cantons) develop own policies and strategies that are frequently not aligned. Last census was organized in 2013 but due to disagreement between three statistical offices over the methodology for census data analysis, two census reports were developed. One developed by the state and Federation of Bosnia and Herzegovina statistical offices was adopted by the international community while Republika Srpska developed a separate one that is used only in that entity. This represents a great obstacle for data analysis and implementation of new surveys (such as Labour Force Survey, Statistics on Income and Living Conditions, Multiple Indicator Cluster Survey, Demographic and Health Survey etc). At present, only Labour Force Survey is regularly done based on very outdated master sample frame (from 2009) while other surveys are pending development of new master sample frame. For this reason, Bosnia and Herzegovina has little or no statistical data to measure progress in achieving Sustainable Development Goals.

UNFPA's Contributions: UNFPA implemented several initiatives for building capacities of statistical offices for data collection and analysis. At present, there is a new initiative for development of population projections done in cooperation with Charles University Prague, as well as a survey on the effects of health ageing on older persons done in cooperation with University College London. In the past several years, UNFPA provided technical assistance to government authorities in health and social protection sectors for development of SRH strategies and strategies on ageing. Finally, UNFPA organized a sub-regional population and development conference for raising awareness of governments, non-government organisations and international community on population trends, their effects to and opportunities for country development.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)*	
Increased availability and use of integrated sexual and reproductive health services	1,050,000	1,155,895	240,000	96,275	1,290,000	1,252,170
Youth policies and programmes, and increased availability of comprehensive sexuality education	800,000	334,599	300,000	28,400	1,100,000	362,999
Advanced gender equality, women's and girls' empowerment, and reproductive rights	330,000	554,886	600,000	2,696,042	930,000	3,250,928
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	400,000	743,403	250,000	42,817	650,000	786,220
Programme coordination and assistance	365,000	373,797	0	0	365,000	373,797
Total	2,945,000	3,162,580	1,390,000	2,863,534	4,335,000	6,026,114

* Including expected expenditures by the end of 2020